Image# 14952521854 PAGE 1 / 25

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Office U	se Only	_
1.	NAME OF COMMITTEE (in t		YPE OR F	PRINT ▼		mple: If typi r the lines.	ng, type	12FE4	lM5		
E	nding Spendir	ng Action	Fund								1
AD	DRESS (number and	street)	610 S. Bo	oulevard							
ř	Check if diffe										
L	than previous reported. (AC		Tampa					FL	3360	6	
2.	FEC IDENTIFICA	ATION NUM	IBER ▼		CITY 🛦		5	STATE 🛦		ZIP COI	DE 🛦
	C C00489856	5			3. IS THIS REPORT		NEW (N) <b>OR</b>		AMENDED (A)		
4.	TYPE OF REP (Choose One)	ORT	(b) Mon Repo	ort	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Rep				Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)		Dec 20 (M12) (Non-Election Year Only)
	April 15				Apr 20 (M4)		Jul 20 (M7)		Oct 20 (M10)		Jan 31 (YE)
	Quarterly	Report (Q1)	(c)	12-Day	П	Primary (12F	P) ×	Gen	eral (12G)	П	Runoff (12R)
	July 15 Quarterly	Report (Q2)		PRE-Electio Report for t		Convention (	(120)	Sner	cial (12S)		
	October Quarterly	15 Report (Q3)		ricport for t	ne.	Convention	(120)	Орск	Siai (120)		
	January :			E	Election on	11 /	04	2014	Y	in the State of	
	July 31 M Report (N Year Only	Non-election	(d)	30-Day		General (300	G)	Run	off (30R)		Special (30S)
	Terminati (TER)	on Report		Report for t	ne:	M = M /	D = D /	Y Y Y	- Y	in the	
	(1211)			E	Election on					State of	
5.	Covering Period	10	/ 01		014	through	10 <sub></sub>	15	20	14	
l ce	ertify that I have ex	amined this	Report a	nd to the be	est of my kno	wledge and	belief it is true	e. correc	t and comple	te.	
	e or Print Name of		Nancy H.								
٥.		Nancy I	H. Watkins			mi.	121_11 -		M M / D	D /	Y
Sig	nature of Treasurer		,, amms			[Electronicall	y rueaj D	ate	10 23		2014
NO	TE: Submission of fa	alse, erroneo	us, or inco	omplete infor	mation may su	bject the per	son signing th	is Report	to the penalt	ies of 2 L	J.S.C. §437g.
	Office								FEC	FOR	M 3X
	Use Only									Rev. 12/20	

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **Ending Spending Action Fund** 10 2014 10 2014 Report Covering the Period: 15 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3059.03 January 1, 2014 (b) Cash on Hand at 7145528.27 Beginning of Reporting Period..... 18391871.16 1150999.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 8296527.27 18394930.19 6(a) and 6(c) for Column B)..... 5993679.13 16092082.05 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 2302848.14 2302848.14 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

#### **DETAILED SUMMARY PAGE**

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

### **Ending Spending Action Fund**

port Covering the Period: From: 10	01 2014 To	o: 10 15 2014
l Receints	COLUMN A	COLUMN B
<u> </u>	Total This Period	Calendar Year-to-Date
• •		
	1150000 00	18291322.16
(i) Itemized (use Schedule A)	1130999.00	10231022.10
		540.00
	0.00	549.00
	445000000	40004074.40
Lines 11(a)(i) and (ii)▶	1150999.00	18291871.16
(1) B (1) 1 B (1) 0 (1)	0.00	0.00
	0.00	0.00
` '	0.00	0.00
· · · · · · · · · · · · · · · · · · ·	7	0.00
	1150000 00	18291871.16
· · · · · · · · · · · · · · · · · ·	1130999.00	10231071.10
		0.00
Party Committees	0.00	0.00
	0.00	0.00
All Loans Received	0.00	0.00
Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made		
to Federal Candidates and Other		
Political Committees	0.00	100000.00
Other Federal Receipts		7
·	0.00	0.00
Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
	0.00	0.00
·		7
(b) Levin Funds (from Schedule H5)	0.00	0.00
(b) Levill Fullus (Irolli Schedule HS)	7	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
	Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	Contributions (other than loans) From:  (a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Operating Expenditures: —	Total Tills Terlou	Calelidal Teal-to-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) N 5 1 1 0	0.00	0.00
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00
(b) Other Federal Operating  Expenditures	295.46	93230.47
(c) Total Operating Expenditures	200.10	30200.11
(add 21(a)(i), (a)(ii), and (b))▶	295.46	93230.47
Transfers to Affiliated/Other Party		
Committees	0.00	0.00
Contributions to Federal Candidates/Committees	0.00	40000000
and Other Political Committees	0.00	100000.00
Independent Expenditures (use Schedule E)	5993383.67	15898751.58
Coordinated Party Expenditures		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Ē		
Loans MadeRefunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other	0.00	100.00
Than Political Committees	0.00	100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	7 7	
(such as PACs)	0.00	0.00
_		
(d) Total Contribution Refunds	0.00	100.00
(add Lines 28(a), (b), and (c))▶	7	100.00
Other Disbursements	0.00	0.00
Cirio Biodification	0.00	
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	200	0.00
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(ii) Levin Share(b) Federal Election Activity Paid Entirely	3.00	
With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add		
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	5993679.13	16092082.0
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	5993679.13	16092082.05

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures			
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1150999.00	18291871.16	
4. Total Contribution Refunds (from Line 28(d))	0.00	100.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1150999.00	18291771.16	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	295.46	93230.47	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	295.46	93230.47	

Use separate schedule(s) for each category of the Detailed Summary Page

	FOR LINE NUMBER:				PAGE	6	OF	25
(che	ck only	or	ne)					
X	11a		11b		11c	12	!	
	13		14		15	16	;	17

Any information copied from such Reports and S or for commercial purposes, other than using the	ratements may not be sold or used by any personame and address of any political committee to	
NAME OF COMMITTEE (In Full)  Ending Spending Action Fund		
/ 0 1 0		
Full Name (Last, First, Middle Initial)  A. Kojaian Management Corp.		Date of Receipt
Mailing Address 39400 Woodward Avenue Suite 250		10 14 2014
City	State Zip Code	Transaction ID : SA11AI.5883
Bloomfield Hills	MI 48304	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50000.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 50000.00	
Full Name (Last, First, Middle Initial)  Paul Land		Date of Receipt
Mailing Address 1701 Porter. S.W., #6		10 01 2014
City	State Zip Code	Transaction ID : SA11AI.5792
Wyoming	MI 49519	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	450000.00
Name of Employer	Occupation	
Land & Co.	real estate exec.	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 950000.00	
Full Name (Last, First, Middle Initial)  C. Mara M. Letica Saad		Date of Receipt
Mailing Address 1292 Circle Court		10 09 2014
City Bloomfield Hills	State Zip Code MI 48302	Transaction ID : SA11AI.5838  Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100000.00
Name of Employer	Occupation	
Letica Corporation	executive	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	100000.00	
SUBTOTAL of Receipts This Page (optional)		600000.00
TOTAL This Period (last page this line number of		

	FOR LINE	NUMBER:	PAGE	= / (
Use separate schedule(s)	(check only	one)		
for each category of the Detailed Summary Page	<b>X</b> 11a	11b	11c	12
,	13	14	15	16

25

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Ending Spending Action Fund** Full Name (Last, First, Middle Initial) Mara M. Letica Saad Date of Receipt Mailing Address 1292 Circle Court 10 2014 City State Zip Code Transaction ID: SA11AI.5847 Bloomfield Hills MI 48302 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 federal political committee. Name of Employer Occupation Letica Corporation executive Receipt For: Aggregate Year-to-Date ▼ Primary General 125000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Mayfair Associates, LLC Date of Receipt Mailing Address 31731 Northwestern Highway, #250W 10 06 2014 City State Zip Code Transaction ID: SA11AI.5827 MI Farmington 48334 Amount of Each Receipt this Period FEC ID number of contributing 50000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 50000.00 Other (specify) Full Name (Last, First, Middle Initial) c. J. Michael Perkins Date of Receipt Mailing Address P.O. Box 404 10 15 2014 City Zip Code State Transaction ID: SA11AI.5914 Haymarket VA 20168 Amount of Each Receipt this Period FEC ID number of contributing 999.00 С federal political committee. Name of Employer Occupation self-employed technology Receipt For: Aggregate Year-to-Date ▼ Primary General 999.00 Other (specify) 75999.00 SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Ending Spending Action Fund** Full Name (Last, First, Middle Initial) Joseph W. Rogers Jr. Date of Receipt Mailing Address 1245 W. Garmon Road 2014 10 City Zip Code State Transaction ID: SA11AI.5887 GA Atlanta 30327 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 federal political committee. Name of Employer Occupation Waffle House, Inc. chairman Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Rex A. Sinquefield Date of Receipt Mailing Address 244 Bent Walnut 10 10 2014 City State Zip Code Transaction ID: SA11AI.5845 MO Westphalia 65085 Amount of Each Receipt this Period FEC ID number of contributing 250000.00 federal political committee. Name of Employer Occupation n/a retired Receipt For: Aggregate Year-to-Date ▼ Primary General 250000.00 Other (specify) Full Name (Last, First, Middle Initial) c. Suburban Automotive Consultants, Inc. Date of Receipt Mailing Address P.O. Box 909 10 01 2014 City State Zip Code Transaction ID: SA11AI.5793 MI Troy 48099 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) 300000.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 9 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

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14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Ending Spending Action Fund** Full Name (Last, First, Middle Initial) Richard E. Uihlein Date of Receipt Mailing Address 1396 N. Waukegan Road 2014 10 02 City Zip Code State Transaction ID: SA11AI.5797 Lake Forest IL 60045 Amount of Each Receipt this Period FEC ID number of contributing C 100000.00 federal political committee. Name of Employer Occupation Uline c.e.o. Receipt For: Aggregate Year-to-Date ▼ Primary General 300000.00 Other (specify) Full Name (Last, First, Middle Initial) B. WCY Realty, LLC Date of Receipt Mailing Address 41605 Ann Arbor Road 10 02 2014 City State Zip Code Transaction ID: SA11AI.5795 MI Plymouth 48170 Amount of Each Receipt this Period FEC ID number of contributing 50000.00 federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 50000.00 Other (specify) Full Name (Last, First, Middle Initial) WHI, Inc. Date of Receipt Mailing Address 5986 Financial Drive 10 15 2014 Zip Code City State Transaction ID: SA11AI.5889 GA Norcorss 30071 Amount of Each Receipt this Period FEC ID number of contributing 25000.00 С federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General 25000.00 Other (specify) 175000.00 SUBTOTAL of Receipts This Page (optional)..... 1150999.00 TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	I	NE NUMBER: PAGE 10 OF						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30					
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam									
NAME OF COMMITTEE (In Full) Ending Spending Action Fund	a and address of any politic	Sa. Sommittee to	CO.O. CONTINUED IN	oddir dollimittoo.					
Full Name (Last, First, Middle Initial)			Data of Diahuraan	nont					
A. The Bank of Tampa			Date of Disburser						
Mailing Address P. O. Box 1			10 01 2014  Transaction ID : SB21B.5814						
	State Zip Code								
Tampa Purpose of Disbursement	FL 33601								
service charge			Amount of Each [	Disbursement this Period					
Candidate Name		Category/		20.00					
Office Cought. House Bishuman	ant Fam	Type		20.00					
	Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)			5						
B. The Bank of Tampa			Date of Disburser						
Mailing Address P. O. Box 1			10 03						
,	State Zip Code		Transaction ID :	: SB21B.5816					
Tampa Purpose of Disbursement	FL 33601								
service charge			Amount of Each [	Disbursement this Period					
Candidate Name		Category/ Type		20.00					
	nent For: Primary General Other (specify)								
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C. The Bank of Tampa			Date of Disburser						
Mailing Address P. O. Box 1			10 03						
•	State Zip Code FL 33601		Transaction ID :	: SB21B.5817					
Purpose of Disbursement									
service charge Candidate Name		Category/	Amount of Each [	Disbursement this Period 20.00					
	nent For: Primary General Other (specify)	Туре	7	7					
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).		<u> </u>		60.00					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		IE NUMBER: PAGE 11 OF						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28 28b	24 25 26 28c 29 30					
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A. The Bank of Tampa			Date of Disbursen						
Mailing Address P. O. Box 1			10 08 2014						
	State Zip Code		Transaction ID :	SB21B.5830					
Tampa Purpose of Disbursement	FL 33601								
service charge			Amount of Each [	Disbursement this Period					
Candidate Name		Category/		20.00					
Office Country   House		Type		20.00					
	Primary General  Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)			Data of Distance						
B. The Bank of Tampa			Date of Disbursen						
Mailing Address P. O. Box 1			10 08						
,	State Zip Code		Transaction ID :	SR21R 5839					
Tampa Purpose of Disbursement	FL 33601		Transaction 12	02213.0000					
service charge			Amount of Each [	Disbursement this Period					
Candidate Name		Category/ Type		20.00					
	nent For:  Primary General  Other (specify)								
Full Name (Last, First, Middle Initial)  C. The Bank of Tampa			Date of Disbursen	nent					
Mailing Address P. O. Box 1			10 08						
•	State Zip Code FL 33601		Transaction ID :	SB21B.5841					
Purpose of Disbursement									
service charge Candidate Name		Category/ Type	Amount of Each D	Disbursement this Period 20.00					
	nent For: Primary General Other (specify)	туре	7	7					
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only).				60.00					

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	\ I	IE NUMBER: PAGE 12 OF						
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30					
Any information copied from such Reports and Statem or for commercial purposes, other than using the name									
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Full Name (Last, First, Middle Initial)			Data of Dist						
<sup>A.</sup> The Bank of Tampa			Date of Disburse						
Mailing Address P. O. Box 1			10 09 2014						
•	State Zip Code		Transaction ID	: SB21B.5836					
Tampa Purpose of Disbursement	FL 33601								
service charge			Amount of Each	Disbursement this Period					
Candidate Name		Category/		15.00					
Office Cought.	ant Fam	Type		15.00					
	Primary General Other (specify)								
State: District:									
Full Name (Last, First, Middle Initial)			Data of Diskum	nmont					
B. The Bank of Tampa			Date of Disburse						
Mailing Address P. O. Box 1			10 0	2014					
,	State Zip Code		Transaction ID	) : SB21B.5842					
Tampa Purpose of Disbursement	FL 33601			· <del>-</del>					
service charge			Amount of Each	Disbursement this Period					
Candidate Name		Category/ Type	,	20.00					
	nent For: Primary General Other (specify)								
Full Name (Last, First, Middle Initial)  C. The Bank of Tampa			Date of Disburse	ement					
or the Bank of Tampa			M M / D						
Mailing Address P. O. Box 1				02014					
	State Zip Code		Transaction ID	: SB21B.5848					
Tampa Purpose of Disbursement	FL 33601								
service charge Candidate Name		Category/	Amount of Each	Amount of Each Disbursement this Period					
		Type		15.00					
President	nent For: Primary General Other (specify)		,	,					
State: District:									
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TOTAL This Period (last page this line number only)									

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S	CHEDULE B (FEC Form 3X)			NUMBER: PAGE 13 OF 25							
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$  \rangle$	Ending Spending Action Fund										
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Α.	The Bank of Tampa					Disburse					
	Mailing Address P. O. Box 1				10	/ D 1	0 / Y	2014	Y		
	The state of the s					نا ا			_		
		State	Zip Code		Trans	action ID	: SB21B.58	350			
	Tampa Purpose of Disbursement	FL	33601		mano	aotion ib	. 05215.00	,,,,			
	service charge				Amount	t of Each	Disburseme	ent this	Period		
	Candidate Name			Cotogorius	, 11104111	. J. Lauii	5.050130111		. 5.164		
				Category/ Type			4	2	0.00		
	Office Sought: House Disbursen	nent For:									
		Primary	General								
		Other (spe	cify) 🔻								
_	State: District:										
R	Full Name (Last, First, Middle Initial)				Date of	Disburse	ament				
٥.	The Bank of Tampa				M = M	/ D		YY	V		
	Mailing Address P. O. Box 1				10		4	2014	.		
		State	Zip Code		Trans	action ID	: SB21B.5	870			
	Tampa Purpose of Disbursement	FL	33601								
	service charge				Amount	t of Each	Disburseme	ent this	Period		
	Candidate Name			Category/							
				Type		-,		2	0.00		
	Office Sought: House Disbursen										
		Primary	General								
	State: District:	Other (spe	city) $\blacktriangledown$								
_	Full Name (Last, First, Middle Initial)										
C.	The Bank of Tampa				Date of	Disburse	ement				
					M M	/ D	D / Y	YY	Y		
	Mailing Address P. O. Box 1				10	1	4	2014			
	City	State	Zip Code								
	Tampa	FL	33601		Trans	action ID	: SB21B.5	882			
	Purpose of Disbursement										
	service charge				Amount	of Each	Disburseme	ent this	Period		
	Candidate Name			Category/	15.00						
	Office Sought: House Disbursen	nent For		Туре		- 7	7				
		Primary	General								
		Other (spe									
_	State: District:										
Г	'			'							
5	SUBTOTAL of Disbursements This Page (optional)			·····•		,		5	5.00		
1	<b>'OTAL</b> This Period (last page this line number only)					-			البيب		

#### S ľ

S	CHEDULE B (FEC Form 3X)	FOR LINE			LINE	IE NUMBER: PAGE 14 OF 25							
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the			k only	only one)							
		Detailed Summary Page		×	21b 27	22		23 28h		24 28c	25		26
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$\setminus$	NAME OF COMMITTEE (In Full)												
	Ending Spending Action Fund												
_	Full Name (Last, First, Middle Initial)												
Α.	The Bank of Tampa					Date of		sburse			Y	Y	
	Mailing Address P. O. Box 1					10			5	L	2014	_	
	City	State Zip Code				Tran	cact	ion ID	. e	B21B.59	142		
	Tampa	FL 33601				IIaii	Saci	טו ווטו.	. 3	DZ I D.38	, <del>4</del> 3		
	Purpose of Disbursement service charge		Г			Amoui	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name		C	ategor Type	y/						2	0.00	٦
	Office Sought: House Disbursen	nent For:		турс				7		,			
	Senate	Primary General											
		Other (specify) ▼											
_	State: District:												
_	Full Name (Last, First, Middle Initial)					Б.							
В.						Date of	of Di						
	Mailing Address					M	/	D	D	/ Y	Y	Υ	
	maining / local coo												
	City State Zip Code												
	Purpose of Disbursement												
	Tulpose of Disbursement		Г			Amoui	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name		Category/										
				Type	y,			7		,			
	Office Sought: House Disbursen	nent For:											
		Primary General											
	President State: District:	Other (specify) ▼											
_	Full Name (Last, First, Middle Initial)												
C.	,					Date of	of Di	sburse	eme	nt			
						M N	Л /	D	D	/ Y	ΥΥΥ	Υ	
	Mailing Address						4	_				_	
	City	State Zip Code											
	Purpose of Disbursement			-	-								
						Amoui	nt of	Each	Dis	burseme	ent this	Perio	od
	Candidate Name		С	ategor Type	ry/								٦
	Office Sought: House Disbursen	nent For:	-					7		7			
		Primary General											
		Other (specify) ▼											
	State: District:												
١,	HIPTOTAL of Diobuses are This Days (and a										20	0.00	
Ľ	SUBTOTAL of Disbursements This Page (optional)						-	7		7			
Т	OTAL This Period (last page this line number only)				•						24	5.00	
					-			,		,			

## S

Nancy H. Watkins

Signature

SCHEDULE E (FEC Form 3X)			
TEMIZED INDEPENDENT EXPENDIT	TURES		PAGE 15 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund			
			C C00489856
Check if 24-hour report 48-hour rep	port New rep	ort Amends repo	ort filed on
Full Name of Payee American Media & Advocacy Gro	un.		Date of Public Distribution/Dissemination
	ш <b>р</b> 		10 / 10 / 2014
Mailing Address 815 Slaters Lane			Amount
City	State	Zip Code	1003191.00
Alexandria	VA	22314	Transaction ID : SE.5854  Date of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type	10 08 / 2014
Name of Federal Candidate		Support	Office Sought: House District:
Gregory John Orman		X Oppose	President X Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		1003191.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
American Media & Advocacy (	Group		10 10 2014
Mailing Address 815 Slaters Lane			Amount
City	State	Zip Code	56950.00
Alexandria	VA	22314	Transaction ID : SE.5855  Date of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type	10 09 7 2014
Name of Federal Candidate		Support	Office Sought: House District:
Gregory John Orman		Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		1060141.00	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Ex	rnandituras		. 1060141.00
(a) SSSTOTAL OF REMIZED Masperlacine Ex	portalitation		1000171.00
(b) SUBTOTAL of Unitemized Independent	Expenditures		•
(c) TOTAL Independent Expenditures			<b>•</b>
	candidate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

[Electronically Filed]

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Date

23

2014

PAGE	16	OF	25	
FOR L	INE 24	OF F	ORM 3X	
ENTIFI	CATIO	N NUM	BER ▼	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund		C C00489856
Check if 24-hour report 48-hour report	New report Amends report file	ed on M=M / D=D / Y=Y=Y=Y
Full Name of Payee		Date of Public Distribution/Dissemination
American Media & Advocacy Group		10 14 2014
Mailing Address 815 Slaters Lane		Amount
City	tate Zip Code	1830133.00
<b>1</b> '	/A 22314	Transaction ID : SE.5871  Date of Disbursement or Obligation
Purpose of Expenditure media placement	Category/ Type	10 09 / Y Y Y Y Y
Name of Federal Candidate	Support Offic	ce Sought: House District:
Mary Michelle Nunn	X Oppose	President State: GA
Calendar Year-To-Date Per Election for Office Sought	3414380.96 Disl 201	bursement For: Primary X General  Other (specify) ▶
Full Name of Payee American Media & Advocacy Group		Date of Public Distribution/Dissemination
Mailing Address 815 Slaters Lane		Amount
City	State Zip Code	100000.00
	VA 22314	Transaction ID : SE.5872  Date of Disbursement or Obligation
Purpose of Expenditure media placement	Category/ Type	10 / 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District:
Mary Michelle Nunn	∑ Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	3514380.96 Dis	bursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	······	1930133.00
(b) SUBTOTAL of Unitemized Independent Expenditure	s	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized committee or agent of eith	
Nancy H. Watkins	[Electronically Filed] Date	10 23 2014
Signature	2410	

PAGE	17	OF	25	
FOR	LINE 24	OF F	ORM 3X	

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund		C C00489856
Check if 24-hour report 48-hour report New report	ort Amends report file	d on Mam / Dab / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
American Viewpoint, Inc.  Mailing Address 200 N. Lea Circuit (1400)		10 14 2014
300 N. Lee Street, #400		Amount
City State	Zip Code	32500.00
Alexandria VA	22314	Transaction ID : SE.5904 Date of Disbursement or Obligation
Purpose of Expenditure research	Category/ Type	10 15 / Y Y Y Y Y
Name of Federal Candidate	Support Office	ce Sought: House District:
Gregory John Orman	∑ Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought	1133017.67 Disk 2014	oursement For: Primary General  Other (specify)
Full Name of Payee		
Axis Research, Inc.		Date of Public Distribution/Dissemination  10 02 2014
Mailing Address 107 S. West Street PMB 148		Amount
City State	Zip Code	26600.00
Alexandria VA	22314	Transaction ID : SE.5813  Date of Disbursement or Obligation
Purpose of Expenditure research	Category/ Type	10 03 7 2014
Name of Federal Candidate	Support Office	ce Sought: House District:
Gary Peters	∑ Oppose □	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought	5043759.30 Dist 201	oursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	·····	59100.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Nancy H. Watkins [Electron	ically Filed]	10 23 2014
Signature		

Signature

## SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FLC FOIIII 3X)			
TEMIZED INDEPENDENT EXPENDITURE	:S		PAGE 18 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund			C C00489856
Check if 24-hour report 48-hour report	New	report Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Axis Research, Inc.			10 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 107 S. West Street PMB 148			Amount
2"	01545	75.004.	F2100 00
City Alexandria	State VA	Zip Code 22314	53100.00 Transaction ID : SE.5866
Purpose of Expenditure			Date of Disbursement or Obligation
polling		Category/ Type	10 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District:
Mary Michelle Nunn		Oppose	President State: GA
Calendar Year-To-Date Per Election for Office Sought		3844744.84	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
CD, Inc.			10 14 2014
Mailing Address P. O. Box 1877			Amount
City	State	Zip Code	20000.00
Alexandria	VA	22313	Transaction ID : SE.5901  Date of Disbursement or Obligation
Purpose of Expenditure online advertising		Category/ Type	10 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:
Gregory John Orman		X Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought		1100517.67	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		
(b) SUBTOTAL of Unitemized Independent Exper	ditures		<b>•</b>
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	lidate or author		
Nancy H. Watkins	[Elec	ctronically Filed] Date	10 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Cianatura			

Signature

## SCHEDULE E (FEC Form 3X)

SCHEDOLL L (FLC FOIII 3A)				
TEMIZED INDEPENDENT EXPENDITURES	3			PAGE 19 OF 25 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
Ending Spending Action Fund			C	C00489856
			M = M	/ D D / Y Y Y Y
Check if 24-hour report 48-hour report	New New	report Amends repo		
Full Name of Payee Crossroads Media, LLC			Date of Pul	blic Distribution/Dissemination
Mailing Address 66 Canal Contor Plaza			10	08 2014
66 Canal Center Plaza Suite 555			Amount	
City Suite 333	State	Zip Code		125513.00
Alexandria	VA	22314		ID: SE.5829 Sbursement or Obligation
Purpose of Expenditure media placement		Category/ Type	10	08 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Jeanne Shaheen		Oppose	President	Senate State: NH
Calendar Year-To-Date Per Election for Office Sought		2011756.19	Disbursement For:	
				(specify) -
Full Name of Payee DDC Advocacy			Date of Pul	blic Distribution/Dissemination
Mailing Address 174 Waterfront Street, Suite 500			Amount	
City	State	Zip Code		14861.22
National Harbor	MD	20745		ID: SE.5864 sbursement or Obligation
Purpose of Expenditure online advertising		Category/ Type	10	14 2014
Name of Federal Candidate		Support	Office Sought:	House District:
Mary Michelle Nunn		Oppose	President	Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		3529242.18	Disbursement For 2014	: Primary
		,	Outer t	(specify) <b>/</b>
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		<b>&gt;</b>	140374.22
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· <b>•</b>	2 1 2 2 1 2 2
(1) TOTAL Independent Expanditures				
(c) TOTAL Independent Expenditures			<b> </b>	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authori			
Nancy H. Watkins	[Elect	tronically Filed] Date	M M / D 23	
Cianatura				

TEMIZED II	NDEPENDENT EXPENDITURES				PAGE 2 FOR LINE	0 OF 25 E 24 OF FORM 3X
	MMITTEE (In Full)				FEC IDENTIFICA	TION NUMBER ▼
Ending S	pending Action Fund				C C00489856	;
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M = M / D = D	/ Y = Y = Y = Y
Full Name				Dat	te of Public Distribution	on/Dissemination
DDC A	dvocacy				M M / D D D 14	2014
Mailing Ad	ddress 174 Waterfront Street, Suite 500			Am	nount	
City		State	Zip Code	$ +$ $\Gamma$		262402.66
National H	arbor	MD	20745		nsaction ID : SE.5865	
Purpose o	of Expenditure er contact		Category/ Type	Da	te of Disbursement or	Colligation 2014
Name of F	Federal Candidate		Support	Office Sou	ught: House	District:
Mary Mich	nelle Nunn		Support  Oppose		sident X Senate	State: GA
	ndar Year-To-Date Election for Office Sought		3791644.84	Disbursem 2014	nent For: Prima	
		7			Other (specify) ► _	
Full Name FP1 St	trategies, LLC			Da	tte of Public Distribution	/ Y = Y = Y
Mailing Ad	ddress P. O. Box 16504				10 14	2014
				All	nount	
City		State	Zip Code			12170.00
Alexandri		VA	22302		nsaction ID : SE.5869 te of Disbursement o	
Purpose o media pro	of Expenditure oduction		Category/ Type		10 / 14	2014
Name of I	Federal Candidate		Support	Office Sou	ught: House	District:
Mary Mich	helle Nunn		Oppose		sident X Senate	State: GA
	ndar Year-To-Date Election for Office Sought	7	3856914.84	Disbursen 2014	nent For: Prima  Other (specify) ▶ _	ary 🔀 General
(a) SUBTO	<b>PTAL</b> of Itemized Independent Expenditure	÷s		•		274572.66
(b) SUBTO	TAL of Unitemized Independent Expendit	tures		<b>.</b> .		
(c) TOTAL	Independent Expenditures			•	7 1 7	
with, or at t	alty of perjury I certify that the independe the request or suggestion of, any candida nittee) any political party committee or its	ate or authorized				
	Nancy H. Watkins	[Electron	nically Filed]	M M M		014
Signatur	е		Date	e 10	23 2	014

PAGE	21	OF	25		
FOR L	INE 24	OF I	FORM	ЗХ	
ENTIFICATION NUMBER W					

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report file	led on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
McCarthy Hennings Media, Inc.  Mailing Address 4050 M Street NAV 4005	10 08 / Y Y Y Y Y
1850 M Street, N.W., #235	Amount
City State Zip Code	1277.32
Washington DC 20004	Transaction ID : SE.5831  Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	10 08 7 2014
Name of Federal Candidate Support Of	fice Sought: House District:
Jeanne Shaheen	President State: NH
Calendar Year-To-Date Per Election for Office Sought  Display:	
	Other (specify) ▶
Full Name of Payee McCarthy Hennings Media, Inc.	Date of Public Distribution/Dissemination
Mailing Address 1850 M Street, N.W., #235	Amount
City State Zip Code	20376.67
Washington DC 20004	Transaction ID : SE.5853  Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	10 / 11 / 2014
Name of Federal Candidate Support Of	ffice Sought: House District:
Gregory John Orman Oppose	President State: KS
	sbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	21653.99
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Nancy H. Watkins  [Electronically Filed] Date	10 23 2014
Signature	

PAGE	22	OF	25 DRM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination
Mailing Address Coo Fairmout August 4000	10 02 / Y 2014
600 Fairmount Avenue, #306	Amount
City State Zip Code	443000.00
	Transaction ID : SE.5810  Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	10 01 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination  10 03 2014
Mailing Address 600 Fairmount Avenue, #306	Amount
City State Zip Code	100000.00
Towson MD 21286	Transaction ID : SE.5811  Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	10 03 7 2014
Name of Federal Candidate Support Office	e Sought: House District:
Gary Peters Oppose	President Senate State: MI
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	543000.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
Nancy H. Watkins  [Electronically Filed] Date	0 23 2014
Signature	

	PAGE FOR L		OF OF FO	25 DRM 3X	1
DENTIFICATION NUMBER ▼					
C00489856					

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report	filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Mentzer Media Services, Inc.  Mailing Address 600 Fairmourt Avenue #200	10 / 09 / Y Y Y Y Y Y Y
600 Fairmount Avenue, #306	Amount
City State Zip Code	234000.00
Towson MD 21286	Transaction ID : SE.5840  Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	10 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Gary Peters Oppose	President Senate State: MI
	Disbursement For: Primary General
	Other (specify) -
Full Name of Payee  Mentzer Media Services, Inc.	Date of Public Distribution/Dissemination
Mailing Address 600 Fairmount Avenue, #306	Amount
City State Zip Code	114500.00
Towson MD 21286	Transaction ID : SE.5861  Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	10 / 10 / 2014
Name of Federal Candidate Support	Office Sought: House District:
Gary Peters Oppose	President Senate State: MI
	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	348500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	<b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed] Date	10 23 2014
Signature	

PAGE	24	OF	25	
FOR L	INE 24	OF F	ORM :	3X

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund		C C00489856
Check if 24-hour report 48-hour report New report	t Amends report filed	I on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Red Eagle Media Group		10 14 2014
Mailing Address 815 Slaters Lane		Amount
City State 2	Zip Code	749970.00
	22314	Transaction ID : SE.5895  Date of Disbursement or Obligation
Purpose of Expenditure media placement	Category/ Type	10 14 2014
Name of Federal Candidate	Support Office	e Sought: House District:
Cory Gardner	Oppose	President State: CO
Calendar Year-To-Date Per Election for Office Sought	749970.00 Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Red Eagle Media Group  Mailing Address A45 Clause Lane		Date of Public Distribution/Dissemination  10  14  2014
815 Slaters Lane		Amount
City State 2	Zip Code	749970.00
	22314	Transaction ID : SE.5896  Date of Disbursement or Obligation
Purpose of Expenditure media placement	Category/ Type	10 / 14 / 2014
Name of Federal Candidate	Support Offic	e Sought: House District:
Mark E. Udall	∑ Oppose □	President State: CO
Calendar Year-To-Date Per Election for Office Sought	1499940.00 Disb 2014	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	1499940.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Nancy H. Watkins [Electronic	ally Filed] Date 1	0 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	2410	

#### S IT

Nancy H. Watkins

Signature

CHEDULE E (FEC Form 3X)	
EMIZED INDEPENDENT EXPENDITURES	PAGE 25 OF 25 FOR LINE 24 OF FORM 3X
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report	t filed on
Full Name of Payee Rick Reed Media, Inc.	Date of Public Distribution/Dissemination
Address Address	10 02 2014
Mailing Address 2601-A Wilson Blvd.	Amount
City State Zip Code	42868.80
Arlington VA 22201	Transaction ID : SE.5812  Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	10 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:
Gary Peters Oppose	President Senate State: MI
	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	
Mailing Address	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	Office Sought: House District:
Oppose	President Senate State:
	Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	42868.80
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	5993383.67
Under penalty of perjury I certify that the independent expenditures reported herein were newith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	

[Electronically Filed]

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Date

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2014